



Children speak out on transgender issues

About CRAE

The Children's Rights Alliance for England (CRAE) works with over 150 organisations and individuals to promote children's rights – making us one of the biggest children's rights coalitions in the world.

We believe that human rights are a powerful tool in making life better for children. We fight for children's rights by listening to what they say, carrying out research to understand what children are going through and using the law to challenge those who violate children's rights. We campaign for the people in power to change things for children. And we empower children and those who care about children to push for the changes that they want to see.

About children's rights and the CRC

The UN Convention on the Rights of the Child (CRC) sets out the basic things children need to thrive - the right to an adequate standard of living, to be protected from all forms of violence, to an education, to be cared for and to play. It applies to all children aged 17 and under. It has four general or guiding principles. These are rights in themselves but are also the framework through which all the rights in the CRC should be interpreted. They are: non-discrimination (article 2); the best interests of the child (article 3); survival and development (article 6); and respect for the views of the child (article 12).

The UK Government promised to uphold these rights in 1991. Roughly every five years, a group of 18 independent experts from the UN – the UN Committee on the Rights of the Child - scrutinise all States that have ratified the CRC on how well they are respecting children's rights. They request evidence from government and civil society, including children, to find out if children are having their rights fully respected. The UK examination took place in 2016 and the UN Committee made over 150 recommendations for action in order for the UK to improve its record on children's rights (see below).

About *See it, Say it, Change it*

The *See it, Say it, Change it* project supports children and young people in England to tell their side of the story to the UN Committee as part of the 2016 examination of the UK Government. It also supports them to campaign for change.

See it, Say it, Change it is led by a steering group of 22 children aged seven to 18 years-old from all over England. This is a diverse group which includes children whose rights are most at risk including disabled children, children who have faced homelessness, those who have grown up in care and children who face discrimination for many other reasons. With the support of CRAE the steering group carried out research with nearly 1000 children and young people from across England to find out how well their rights are being met. This research formed the basis of the *See it, Say it, Change it* submission¹ to the UN Committee in July 2015. Members of the *See it, Say it, Change it* steering group met with members of the UN Committee to share their personal experiences and evidence of where children's rights are not being respected and protected.

About this briefing paper

This briefing paper is on transgender children and has been produced as part of the *See it, Say it, Change it* project. The visibility and recognition of transgender children in England has increased in recent years. Referrals to England's only gender identity clinic rose from 97 in 2009-10 to 1419 in 2015-16.² Children as young as three have been referred to the clinic for treatment. Yet despite increasing recognition, the 2011 Transgender Equality³ action plan remains largely unimplemented and a new Government strategy is urgently required in order to deliver the plan.

This briefing identifies areas where transgender children and young people themselves have told us their rights are not being met including;

discrimination in education; barriers to having their identities respected; and lack of healthcare and adequate support services. It builds on the findings of the *See it, Say it, Change it* report and research carried out in focus groups in 2016 in which we spoke to transgender children as well as transgender young people up to the age of 25 who told us about their experiences retrospectively. Children quoted in the briefing are identified by their preferred pronoun. It was co-produced by CRAE staff and children from the steering group.

The briefing does not try to represent the experiences of all transgender children but it reflects what children and young people have told us. When read in conjunction with CRAE's research and official statistics, it illustrates some worrying patterns and at the end of the briefing we make recommendations to ensure these are addressed.

This briefing will be useful for policy-makers, parliamentarians, professionals working with children and children and young people themselves.

Transgender children and the CRC

All the rights in the CRC apply to transgender children but some rights will be particularly important to them:

- Protection from discrimination (article 2);
- The right to be protected from all forms of violence (article 19);
- The right to the best possible health care (article 24);
- The right to a broad based curriculum which helps develop life skills, talents and abilities, including the ability to make well-balanced decisions and develop a healthy lifestyle (article 29).

Following its recent examination of the UK, the UN Committee raised concern that transgender children continue to experience discrimination⁴ and made a number of recommendations, including:

- More should be done to address discrimination and stigma;
- Efforts to tackle bullying and violence against transgender children in school should be intensified, including through rights education;
- Sexual and reproductive health education should be mandatory and include issues relating to transgender children;
- The education and knowledge of health care professionals should be improved with regard to sexual, physical and biological diversity to make sure children are receiving the best possible healthcare.

Transgender children and schools: rights education, discrimination, bullying and mental health

Rights education

The UN Committee emphasises the importance of rights education to reduce discrimination and bullying, yet transgender children who took part in our research had often received no such education or education on gender identity. Where they had received education about children's rights this was at a very general level and did not address the rights of transgender children: *'in my experience gender identity is never addressed in school'* (Male, 20).

Transgender children who had experienced discrimination in school, including bullying from peers and personal comments about their appearance and gender identity from teachers, told us that they often accepted this because they did not know they had a right to be treated differently: *'I didn't know that that was a bad thing to do, so I just accepted it.'* (Male, 19).

Discrimination and bullying

Research indicates that 91% of trans boys and 66% of trans girls experience harassment or bullying in school, often leading to depression, isolation and a desire to leave education as early as possible.⁵

Under the Equalities Act 2010 schools are required to respect gender reassignment as a protected characteristic, regardless of whether a medical procedure had taken place.⁶ However, transgender children's protection under the Equality Act is limited as the Equality and Human Rights Commission are unable to pursue a complaint made about discrimination by a child without parental consent.⁷ Transgender children told us about experiencing discrimination in school. They highlighted a lack of support from school staff who had low levels of knowledge about trans issues. In some cases, even when requested by parents, support workers or children themselves to be sensitive to the needs of transgender children, school staff stated they could not 'positively discriminate' or make any changes that might be perceived in this way regarding support for trans children. Some children told us that schools refused to recognise gender variance and accept their identity and would not use preferred pronouns or names.

One young person explained:

'When I was 17 I came out to the head teacher at my school, I was just asking if I could have my pronoun respected. He said: "You can't be that [transgender]. You can be a butch lesbian but you can't do anything else". And then I had to leave the school.' (Male, 18)

Transgender children who were being bullied in school were often not being properly supported by school staff to deal with bullying. Many children we spoke to were held responsible for the bullying and told to 'make themselves less of a target' or to learn to stand up for themselves by giving bullies 'a good thump'. In a number of examples, children who were victims of bullying told us that their school had moved them to an isolation or exclusion unit within the school instead of tackling bullying:

'I was bullied extensively through secondary school, and what they did was just take me out of classes where the people had a problem with me, so that was kind of the easy option. The school thought it would be easier for everyone if I was just taken out.' (Male, 23)

Children told us that they were often left in exclusion until the end of their time in school or until they 'sufficiently learned how to put up with' bullying. Exclusions, including informal exclusions, can have damaging affects on children's educational outcomes and the UN Committee has recommended the Government 'forbid and ban'⁸ the practice of informal exclusion.

Transgender children told us about the impact of bullying on their educational outcomes:

'I didn't reach half of the expected grades I would have got because I was too busy focusing on not getting bullied.' (Female, 17)

Children said that bullying they experienced in school had a negative impact on their mental health in some cases leading to 'anxiety and depression' which often had long-term consequences:

'I had to resit a lot of my A levels because of my depression... by the time I went to university, my mental state had deteriorated to the point where I did drop out of university.' (Female, 20)

What needs to change

Children suggested that in order to reduce discrimination and bullying gender identity needs to become a topic which is addressed through Personal Social Health and Economic Education (PSHE) and that training on Trans issues needed to take place for school staff:

'Education for the teachers, starting with head teachers and working down. Everyone down to the receptionists need to know.' (Male, 24)

Children also said that schools should end the practice of informal exclusions of trans children and implement measures to address bullying.

Respect for identity: barriers, information and risk

Barriers

The Gender Recognition Act (GRA) 2004 requires individuals to apply to a Gender Recognition Panel which, if the application is successful, can grant them a Gender Recognition Certificate which permits the holder to be recognised as a specific gender for all legal purposes. Currently the minimum age is 18, however the Women and Equalities Committee has recently recommended that 16 and 17 year-olds with parental agreement should be allowed to apply for gender recognition, on the basis of self-declaration.⁹ From the age of 16, transgender children, like everyone in the UK, have the right to be known by any name they choose regardless of their legal gender.

Transgender children told us about difficulties with changing identity documents. This included official student records¹⁰ and examination certificates. Some examination boards had not allowed children to change their gender or name on exam certificates.

Transgender children and young people talked about hidden costs associated with choosing a different gender identity. They explained that changing essential identity-related documents such as passports, birth certificates and bank details was both time consuming and expensive. One young person said *'the cheapest you can get it [official name change] done is £40, and your driver's license is £60, your passport £80.'* (Male, 18)

Transgender children we spoke to from low-income backgrounds told us trying to cover costs was detrimental *'if you're in difficult circumstances.'* (Male, 18)

Other children told us they had been forced to go to the bank to change their details after running up large telephone bills trying to explain what they needed to do. In some cases staff were not sensitive often repeatedly asking them why they wanted make changes:

'...So they ask you why you are changing your name... and there's a queue behind you and you are right in front [of everyone]...' (Male, 15)

In addition to costs such as new clothing there are specific costs such as a "binder" (for trans-male) and bras (for trans-female). Children we spoke to told us that they struggled to cover these costs or to know where they could purchase some specialist items.

Many transgender children we spoke to identified as non-binary, feeling that they were neither male nor female, but highlighted that their identity could not be fully recognised¹¹:

'the government basically refuses to acknowledge that there are gender identities other than male and female, and that basically means that for a lot of people, they have to make a compromise.' (Male, 22)

Information and risk

Children are often forced to look for support and information on the Internet and in secret - sometimes facing not just judgment from family but being actively blocked from seeking medical advice. Children we spoke to who had looked for information on the Internet explained that they felt *'desperate'* for guidance.

They highlighted that using the Internet as a source of information put them at risk because it sometimes gave misinformation. For example, some children had tried to bandage their genitals to stop them

developing or had ordered testosterone online which they had then applied to their faces to try to grow facial hair. Some sites, accessed by children at first appeared to be supportive but in fact had been set up to troll transgender people and intentionally give misinformation or offence. Some children had purchased items online that harmed them: *'certain tapes with breast forms that left some scars.'* (Female, 24). Children we spoke to who had sought out a trans community online told us this had many potential risks:

'you're basically by yourself and you might do something wrong and that can lead to serious damage to yourself.' (Male, 18)

Transgender children said that the lack of support and guidance for parents and carers exacerbates pressure on family relationships and often left them supporting parents because no other form of support was available or that their families did not take their gender identity seriously saying that it was *'just a phase'* or refusing to believe them.

What needs to change

Transgender children told us that there needs to be better support for them to have their affirmed gender identity recognised and that people under the age of 18 must be allowed to apply for gender recognition:

'A leeway package you know you talk to one person who deals with your case and you sort it out?... each piece of ID with you so you know it's all...taken care of in one cost... if one person was doing it you know with you or for you.' (Male, 20)

Children told us that much better support and guidance was needed for families:

'I feel like a lot of parents only see other parents like disowning their kids, like in the media and stuff, so maybe if there was more... information about how to support your kid and stuff, and more... accepting parents in the media, I think that would help a lot.' (Male, 20)

'It all goes back to the education thing, it's something you need to start from a young age, so that when people get older, they understand it because I think they don't have many role models, I have heard a couple of times [parents] talking about how, "well we haven't kicked you out, so that means we're good".' (Male, 20)

Health and transgender children: access to services and knowledge of professionals

Access to services

Transgender children highlighted many concerning issues in relation to healthcare. These included waiting times of up to 12 months for a first appointment with a specialist service. Children told us that treatment and support services are provided unevenly across the country. The Tavistock Gender Identity Development Service, based in London with occasional satellite clinics in Exeter and Leeds, is the only dedicated service for transgender children in England.¹² Some children we spoke to in research had looked for up to three years before finding a group that could offer them support locally. Other children told us that when they were referred for treatment they sometimes struggled to attend as services were situated far away and appointments were only available at times they could not use travel passes and could not cover costs:

'I can't make it, you have me down at nine am, my bus pass doesn't work until after 9:30' (Male, 18)

Whilst waiting for treatment children said they often struggled with depression, self-harm and self-destructive behaviours and had nowhere to turn for support. Nearly 50% attempt suicide.¹³ One transgender child responding to the survey commented:

'I had to wait for months on a waiting list to see the Child and Adolescent Mental Health Service (CAMHS). After the doctor referred me they phoned and spoke to me, then talked to Mum and said they didn't think they could help. She got really cross and upset with them, because I used to cut myself and feel suicidal, and she told them they had to see me.'

'I waited for months until we got the letter with an appointment on it. When I did go there I was worried that they didn't really want to see me and I felt guilty that I might be wasting their time. That made me feel worse. Some of my friends are depressed and cut themselves, and I try to help them but it makes me feel down because no matter what I say or how hard I try they still feel depressed.' (No gender given, 17)

Knowledge of professionals and inappropriate treatment

A lack of knowledge or sensitivity from public sector professionals including medical staff, social workers and CAMHS workers was frequently raised by the

children we spoke to. There were also issues around medical care being available at the discretion of medical professionals. One young person talked about his experiences with his doctors whilst he was under-18:

'I was lucky with my doctor, at least he had the right attitude. He said "I've never dealt with anyone like you before but you're still my patient and I still need to help you get the support you need." And a lot of doctors aren't like that. A lot of them have the attitude of... you know... "this is wrong...this is wrong, I'm not going to help you with it." Especially if they are religious kind of doctors you know.' (Male, 20)

Other issues around medical staff included assumptions made about sexuality of children choosing a different gender identity that they would be "gay" and about the use of inappropriate language:

'I've had a nurse practitioner, lovely woman very supportive just not very educated on trans issues, been asking how my "transgression" is going.' (Male, 18)

In some examples medical professionals had agreed to treat other issues, such as depression, but intentionally delayed referrals to specialist gender services. Children were required to go through lengthy assessment prior to being prescribed puberty-blockers or cross-sex hormones. The Parliamentary Women and Equalities Committee has recognised that in many cases *'delaying treatment risks more harm than providing it'* and delaying prescription of medication such as puberty blockers, the effects of which are easily reversible, can have damaging consequences for children and young people including risk of self harm and attempted suicide.¹⁴

Transgender children told us that some professionals who were meant to be supporting them did not have sufficient knowledge or training to do so properly:

'They don't have the right training to deal with trans young people, so they don't. They just push that to one side.' (Female, 15)

The GRA (2004)¹⁵ recognises transgender or gender variance as a mental disorder. In some cases transgender children felt professionals working with them viewed transgender as a mental health problem:

'A lot of people still think it's classified as mental illness' (Female, 17)

Children told us that some professionals seemed to believe that “transgenderness” could be cured or would disappear if other mental health problems were addressed:

‘They see you sort of as a broken thing that needs something, that needs treatment in order to fit in, and needs to be fixed.’ (Female, 17)

‘We’re going to push the trans stuff to one side. Get rid of that and we’ll focus on the depression, because if we solve the depression it will solve that, which isn’t the case.’ (Male, 18)

‘Especially GPs and professionals... think that your transgenderness comes from the autism.’ (Male, 20)

What needs to change

Children told us that more medical and support services for transgender children are needed to help end the ‘suffering’ experienced by many children who were forced to wait for treatment or struggled to access support services. Access to specialist services and treatment needs to be increased and assessment periods for prescription of puberty blockers and cross-sex hormones needed to be speeded up. Children highlighted that education for public sector professionals including CAMHS workers, social workers and all medical staff urgently needed to be improved:

‘Education for anyone, basically any professional who comes into contact with children and young people needs to have training. And that shouldn’t just include medical professionals. No matter what their profession is, like even receptionists’ (Male, 18)

End Notes

1. Children’s Rights Alliance for England (2015) *See it, Say it, Change it. Submission to the UN Committee on the Rights of the Child from children in England*, p21
2. The Tavistock and Portman NHS Foundation Trust (2016) *Gender Identity Development statistics 2015-16*
3. HM Government (2011) *Advancing Transgender Equality: a plan for action*
4. UN Committee on the Rights of the Child, (2016), *Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland*, paragraph 20 (c)
5. Equality and Human Rights Commission (2015) *Women and Equalities Select Committee Transgender Equality Inquiry Response to call for written*
6. Department for Education, (May 2014) *Equality Act 2010 and schools*
7. Women and Equalities Committee (2016) *Transgender Equality, First Report* p74
8. Committee on the Rights of the Child, (2016), *Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland*, paragraph 72.b
9. Ibid p19
10. Women and Equalities Committee (2016) *Transgender Equality, First Report*
11. Ibid
12. Gender Identity Research and Education Society (2016) *NHS Gender identity clinics (England)* <http://www.gires.org.uk/health/nhs-gender-identity-clinics-england>
13. Women and Equalities Committee (2016) *Transgender Equality, First Report*
14. Women and Equalities Committee (2016) *Transgender Equality, First Report* p54
15. The Gender Recognition Act (2004)

Recommendations for Change

1. All transgender children must have their rights respected and should be treated with dignity and respect.
2. The 2011 Transgender Equality Action plan needs further implementation and a Government strategy is urgently required which makes the needs of children explicit and can ensure the plan is fully implemented.
3. Personal, Social, Health and Economic Education and Citizenship should include education on transgender issues to help reduce discrimination. Citizenship and PSHE should also focus on teaching more on children's rights and how children can use their rights in practical, day-to-day situations.
4. Schools must understand their responsibilities under the Equality Act (2010). More must be done to ensure they abide by their legal responsibility to make sure all staff receive sufficient training to ensure compliance across all protected characteristics, including those which relate to trans and gender variant children and young people. In its review of initial teacher training the Government should take into account the inclusion of training on all the protected characteristics including trans gender.
5. The Equality and Human Rights Commission must be able to investigate complaints of discrimination raised by children and young people without the requirement to have their parents' consent.
6. Awareness and acceptance of gender identity issues affecting children must be improved. Barriers to changing identity documents, including cost, need to be removed.
7. Provision should be put in place to allow children under the age of 18 to apply for gender recognition on the basis of self-declaration. Adequate support must be available to children in these circumstances.
8. More needs to be done to ensure that gender-variant children and young people and their families get sufficient guidance and information to reduce discrimination and help parents better support their children.
9. The amount of time required for patient assessment should be reduced to prevent delays in accessing important treatments such as puberty blockers and cross-sex hormones.
10. The Gender Recognition Act (2004) should be updated to end the medicalised approach to transgender as part of mental health which pathologises trans identities.
11. The lack of sufficient understanding of trans issues by professionals in the public sector, including teachers, medical professionals, social workers and Child and Adolescent Mental Health Service workers must be addressed with urgency through a new Government strategy and a review of training.

Acknowledgements

The See it, Say it, Change it, steering group and CRAE would like to thank all the children and young people who participated in this research and all of the charities, schools, and individual professionals who worked with us to support children and young people to have their voices heard.

We would also like to say a big thank you to the Paul Hamlyn Foundation for funding this project, without their support we would not have been able to produce this briefing and continue to support children.

Places to look for more information on transgender issues

- **Mermaids**
www.mermaids.org.uk | Telephone: 0844 334 0550 | Email: info@mermaidsuk.org.uk
- **Gender Identity Research and Education Society (GIRES)**
www.gires.org.uk | Telephone: 01372 801554
- **Gendered Intelligence**
www.genderedintelligence.co.uk | Telephone: 0207 832 5848



See it,
Say it,
Change it.

This report was produced by children and young people from the See it, Say it, Change it Steering group and Maria Stephens, CRAE Participation Manager.

Children's Rights Alliance for England

part of Just for Kids Law
180 North Gower Street,
London, NW1 2NB

Telephone: 020 3174 2279
Fax: 020 7681 1393
Email: info@crae.org.uk
Website: www.crae.org.uk



Children's
Rights Alliance
for England

phf Paul Hamlyn
Foundation

